

We have held that the State may deny to corporations the right to practice, insisting upon the personal obligations of individuals . . . , and that it may prohibit advertising that tends to mislead the public in this respect. . . .

Recognizing State power as to such matters, appellant insists that the statute in question goes too far because it prohibits advertising of the described character, although it may be truthful. He contends that the superiority he advertises exists in fact, that by his methods he is able to offer low prices and to render a beneficial public service contributing to the comfort and happiness of a large number of persons.

The State court defined the policy of the statute. The court said that while, in itself, there was nothing harmful in merely advertising prices for dental work or in displaying glaring signs illustrating teeth and bridge work, it could not be doubted that practitioners who were not willing to abide by the ethics of their profession often resorted to such advertising methods "to lure the credulous and ignorant members of the public to their offices for the purpose of fleecing them." The legislature was aiming at "bait advertising," "Inducing patronage," said the court, "by representations of 'painless dentistry,' 'professional superiority,' 'free examinations,' and 'guaranteed' dental work" was, as a general rule, "the practice of the charlatan and the quack to entice the public."

We do not doubt the authority of the State to estimate the baleful effects of such methods and to put a stop to them. The legislature was not dealing with traders in commodities, but with the vital interest of public health, and with a profession treating bodily ills and demanding different standards of conduct from those which are traditional in the competition of the market place. The community is concerned with the maintenance of professional standards which will insure not only competency in individual practitioners, but protection against those who would prey upon a public peculiarly susceptible to imposition through alluring promises of physical relief. And the community is concerned in providing safeguards not only against deception, but against practices which would tend to demoralize the profession by forcing its members into an unseemly rivalry which would enlarge the opportunities of the least scrupulous. What is generally called the "ethics" of the profession is but the consensus of expert opinion as to the necessity of such standards.

It is no answer to say, as regards appellant's claim of right to advertise his "professional superiority" or his "performance of professional services in a superior manner," that he is telling the truth. In framing its policy the legislature was not bound to provide for determinations of the relative proficiency of particular practitioners. The legislature was entitled to consider the general effects of the practices which it described, and if these effects were injurious in facilitating unwarranted and misleading claims, to counteract them by a general rule even though in particular instances there might be no actual deception or misstatement. . . .

The judgment is affirmed.
Judgment affirmed.

PSITTACOSIS

The October issue of CALIFORNIA AND WESTERN MEDICINE, on pages 252, 257 and 260 printed articles on psittacosis, reporting therein two Santa Barbara cases.

The San Francisco *Chronicle* of October 10 called attention to a San Francisco case in the following article:

MAN DIES AND TWO TREATED FOR PARROT FEVER

*Officials Ban Bird Sales to Halt Disease;
"Bootleg" Bird Blamed*

One death from psittacosis (parrot fever) and two suspected cases in those who attended the victim, were reported yesterday to Dr. J. C. Geiger, Director of Health, who took swift steps to confine the disease.

Vincent W. Ross, 308 Fell Street, is the victim. He died at San Francisco Hospital early yesterday and within a few hours his daughter, Isabel, twenty, was admitted to the isolation ward, suffering from a suspected case.

Dr. T. P. Bodkin, 679 Page Street, who attended Ross when he first became ill with the baffling disease, is also ill, but his case has not been specifically diagnosed.

Parrots in Home

Ross is believed to have become ill from two "unlicensed" parrots in his home. Doctor Geiger said Ross was employed at Buker's bird store, 1170 Market Street. The owners of the store denied Ross had been employed there. They declined to make a statement.

Doctor Geiger described Ross's birds as "bootlegged parrots." He said they are supposed to bear a small leg tag certifying that they have been inspected by the State Board of Health, but that one bird had no tag and the other wore a fake tag.

The birds were killed, but gave negative laboratory results for psittacosis.

Doctor Geiger yesterday issued an order clamping down on the sale of all parrots and parakeets in San Francisco. As a first move his inspectors visited all pet-stores and placed seals on the cages of the birds.

Rare Disease

The health director said that parrot owners need not fear their pets, especially if they have been tested, but that many illegal birds have been bootlegged from Southern California, which has been a focus of the disease in recent years.

Ross was entered at the San Francisco Hospital supposedly suffering from pneumonia. His quick death brought the suspicion of psittacosis, and his background confirmed it. Miss Ross's case was closely studied, and Doctor Geiger said if was established as parrot fever she would be given serum treatment. Doctor Bodkin was not seriously ill.

Psittacosis is communicable from animals to men, more rarely from one human to another. It has been sporadic in California for some years, but it is comparatively rare.

Doctor Geiger issued a request that all persons who have bought parrots or parakeets within the last thirty days to communicate at once with the Industrial Hygiene Department of the Department of Health.

DISCONTENTMENT OVER SOCIAL INSURANCE DEFICITS IN FRANCE

The social insurance law [in France] is now five years old, but from all sides come complaints that it has not proved to be the success that was expected. In attempting to balance its budget, the [French] government has planned to save 400,000,000 francs (about \$25,000,000) annually through economies in the administration of the law. One of the members of the chamber of deputies has asked for an emergency revision of the law because the premiums that insured workers are obliged to pay are a burden hard to bear. More than 4,000,000,000 francs (about \$250,000,000) is taken "out of the pockets of employers and employees every year and most of it is stowed away (hoarded) in the sinking funds of the various organisms of the law," according to this legislator. The premiums must be reduced in line with a general effort to lower the cost of living in France.

Finally, in the *Siecle Médical* of recent date appears an article entitled "a decisive change," which states that one of the chief objectives of the social insurance law, an effort to prevent disease by better sanitary organization of the country, is at last in the first stages of fulfillment. One is also much concerned about deficits in the budgets of the primary distributing agencies, or "caisses," of the social insurance law. These collect the premiums from the employers and employees and disburse benefits for illness, maternity cases and deaths. These "caisses primaires" insure themselves in a sort of central government agency termed the "Union of reinsurance."

At a recent meeting of all of these reinsurance societies it was found that the "caisses primaires" were in a bad way financially and that surely next year, if not already this year, there would be deficits.

These "caisses primaires" during 1930-1931 distributed only 40 per cent of their income, whereas in 1934 the proportion rose to 89.5 per cent. The average premium dropped from 70 francs (\$3.75) a month in 1930-1931 to 63.7 francs in 1934, or about 10 per cent. This drop in revenue is more marked in the departments outside Paris than in the latter city. The reverse is true of the disbursements.

Out of 103 of the "caisses primaires" (primary collecting and distributing agencies) insuring 1,220,000 workers, thirty-nine are in deficit for sickness insurance, seventeen for maternity insurance and nineteen for death benefits. These financial difficulties will be combated in the future by the Reassurance Union lending money on more liberal and longer terms to the caisses primaires. As stated in previous letters,

one of the drawbacks to the present social insurance law is the thesaurization, *i. e.*, keeping out of circulation vast sums of money by the central organizations which are constituted by the "Union of Reassurance" and by the "guaranty fund." The former is the custodian of sickness, maternity and death insurance premiums and the latter for old age insurance premiums.

These huge sums of money under the control of these "higher-up" links in the social insurance chain are not always wisely invested and there has been much open criticism of this feature of the law. The latter dates only from 1930 and it will be many years before those who are now paying for old age insurance will reach the age of 65 and demand reimbursement for sums paid in many cases over a period of from thirty to forty years. No secret is made of the criticism of the poor investments, entailing much loss of money, which have been made by the trustees of some of these funds.

The experiment in social insurance in France has been far less successful than was hoped or promised. The attitude of the medical profession is becoming more and more bitter in these days of crisis.—*Journal American Medical Association*, August 31, 1935.

DIET QUACKS DRAW FIRE

FALLACIES CITED BY EXPERTS

Milwaukee, October 8.—(A.P.)—"Acidosis" was branded as nutritional quackery in a report today by a committee on nutritional problems submitted to the American Public Health Association.

The committee report also held that feeding the whites of raw eggs to invalids and other similar dietary ideas were without basis and condemned them in a report on "food fallacies and nutritional quackery."

"The great popular demand for information about foods and health during recent years," the report said, "has resulted in an increasing and alarming amount of exploitation of false and harmful ideas foisted upon the public by dietary quacks, faddists and self-styled nutrition experts."

"Acidosis" is a term frequently and effectively used by the purveyors of food fallacies. Nearly all the diseases that afflict mankind can be found enumerated as the result of acidosis caused by eating acid foods."

Disease Condition

"Elaborate menus are offered for alkali-forming meals, and systems of dieting which can be had by purchasing their books or enlisting their services and special courses. The claim that acidosis will result from eating bread and meat or certain combination of foods, such as proteins and starches or fruits and starches, is entirely unsupported by scientific evidence.

"Acidosis is usually a condition attending certain diseases, such as diabetes or kidney diseases, involving faulty metabolism of the body.

"There is no evidence that a preponderantly acid diet is injurious."

Better Cooked

Concerning the eggs the report reads, "It has been pointed out by numerous investigators that the white of eggs is much less digestible when raw than when cooked. There is even evidence that raw egg white, when fed to experimental animals, will invariably produce toxic symptoms.

"One of the most common and extensively proclaimed nutritional fallacies is that proteins and starches are incompatible and should be separated into distinct and separate meals."

This idea ignores the fact, says the report, that a large proportion of staple food articles contain both starch and protein.

Other ideas listed as fallacies are: To eat but one kind of starch or one kind of protein at a time, to think that arthritis comes from improper food combinations, to refrain from acid fruits with carbohydrate foods, to avoid the use of dark meat . . .

DISEASE PLAGUES: IN ETHIOPIA

By LAURENCE STALLINGS*

Harar, October 8.—(Exclusive)—Regardless of the Italo-Ethiopian dispute, only the science of western powers may eliminate the four great scourges in Ethiopia, diseases which are deeply rooted in the populace.

Typhus is such a common disease—as common as whooping cough—that any attempt to eradicate it by cleanliness is beyond the farthest conjecture, the native Ethiopian peasant being, in his general husbandry, as unsanitary a man as inhabits the globe.

Theory Exploded

Emperor Haile Selassie, who is a modernist, believed that typhus inoculation among 200,000 soldiers might be the opening plan in a campaign against this disease. Accordingly, following successful inoculations for typhus by Polish doctors in China, he corresponded with laboratories at Lemberg and received the reply that three months were required to develop serum sufficient for 150 inoculations.

The carrier of typhus is a small, blackish louse, and contact with natives inevitably finds the intruder endowed with several of these little creatures. They are so prevalent that yesterday, while the Governor of this province was hearing a state case, the correspondent observed a councillor's friendly action in plucking a louse from a fellow statesman. He flicked the little pest onto the carpet with the utmost politeness, his colleague barely inclining his head in thanks.

Fleas Also Pest

Natives dip their clothing in rancid butter, which sometimes is fairly effective as defense against the lice. Fleas, however, which do not carry typhus, are hardly considered pests. One correspondent fleas himself nightly, though the inconvenience caused by flea powder in a fresh bite is considerable. Fleas in a reasonable quantity, as David Harum observed, are good for a dog: "They keep him from brooding on being a dog." In this war to end all war correspondents, it may be that fleas are equally providential.

Ticks Most Dreaded

It is the tick which doctors here dread most; for the hard-hearted creature carries with it bacteria for irregular, or tick fever. Of all Ethiopian scourges, tick fever is the most obstinate and the widest spread. The tsetse fly of Lake Tana and the Nile country of Ethiopia is nothing so dreadful as this chap who seems to lurk everywhere, fastening to boots in joyful anticipation of nightfall, when usually a favorite place of hiding is a sock.

Malaria is rated in third place. At least it flourishes in certain areas, radically defined. Quinin is hardly procurable here. At Dire-dawa, forty miles away, it is a staple article of diet, for the Anopheles mosquito does his work nightly there. Even so, tick fever is more dreaded by doctors than either typhus or malaria.

Other Diseases

In fourth place among the great scourges are social diseases. Most doctors here incline to the belief that the Crusaders carried them to Europe from the Red Sea countries. One ailment is nothing like the social disease of western man, but a deep-rooted, omnipresent malady. One sees scores of children with atrophy of the optic nerves in every gathering of natives. The marks of it are evident in every farm community.

It would not be safe to say that fifty years will find Ethiopia on the way to modern sanitation. Doctors decline to speculate as the country provides no basis whatsoever for such conjectures. It can be said with certainty, however, that no part of the globe needs medical service more or provides such clinical opportunities for research. The great medical foundation of the Rockefellers, had the Standard Oil contract brought this research group into closer relationship with Ethiopian problems, could find no more suitable field for work.

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